

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Patent Application of:)

Yoshihisa KATO et al.)

Serial No. 09/886,972)

Filed: June 25, 2001)

For: SEMICONDUCTOR MEMORY AND
METHOD FOR DRIVING THE SAME)

) Group Art Unit: 2818

) Examiner: Ly D. Pham

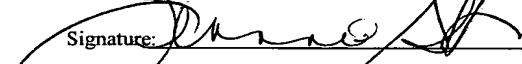
) Confirmation No. 7056

) Date: March 24, 2004

)

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[37 CFR 1.8(a)]

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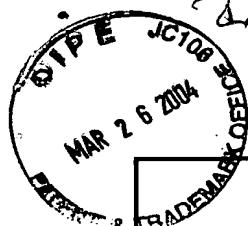
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AMENDMENT

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Sir:

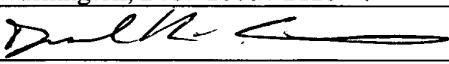
In response to the Office Action mailed December 24, 2003, please amend the above-identified application as follows.

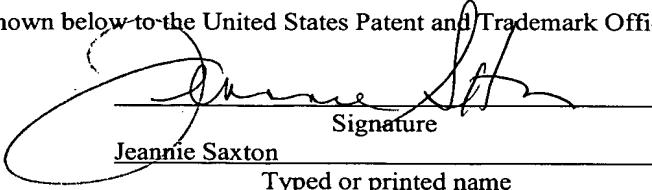


AF 2818

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/886,972
		Filing Date	06/25/2001
		First Named Inventor	Yoshihisa KATO et al.
		Group Art Unit	2818
		Examiner Name	Ly D. Pham
Total Number of Pages in This Submission		Attorney Docket Number	740819-566

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 24, 2004

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